

SMOKING—Patient-Reported Outcomes**PSM4****CONSUMER PERCEPTION OF SELF-AID MATERIALS IN OVER-THE-COUNTER NICOTINE PATCH**Shi CW, Zhu SH, Jain S, Becerra L, Ganiats T

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OBJECTIVES: Over-the-counter (OTC) nicotine patch products contain self-aid materials as a surrogate for formal physician counseling. Little is known about whether consumers utilize these resources and what their perceptions are of these materials. We undertook a study to explore this issue. **METHODS:** Adult consumers (N = 155) of OTC nicotine patch from 30 retail pharmacies in San Diego County were recruited to complete a self-administered questionnaire two weeks after purchase. The questionnaire asked participants in an open-ended format whether they elected to use the enclosed CD-ROM, a self-aid tool, and the reasons behind their decision. Immersion/crystallization methods were used to extract major themes. Logistic regression was performed to explore factors associated with CD-ROM use. **RESULTS:** Of the 22% percent who used the CD-ROM, 26% stated that the material was helpful. Among the 78% who did not use the CD-ROM, most believed the material would not augment their knowledge or motivation for quitting. Other reasons for not viewing the CD-ROM included having no time or seen similar materials in the past, lost or cannot find the CD-ROM, and forgetting to use the material. Utilization of CD-ROM was more likely among individuals who live with multiple smokers, have poor self-rated health status, experience side-effects with the patch, and believe the patch is inexpensive. **CONCLUSION:** Although self-aid materials are included in each OTC nicotine patch package, few consumers utilize this resource. Even among those who did review the material, few found it helpful. The current material appears to have more application for those with multiple impeding factors to quitting.

URINARY/KIDNEY—Clinical Outcomes Studies**PUK1****A RETROSPECTIVE COMPARATIVE ANALYSIS OF TREATMENT OUTCOMES OF ALPHA-BLOCKERS IN THE MANAGEMENT OF BENIGN PROSTATIC HYPERPLASIA WITHIN A MANAGED CARE POPULATION**Pandya A¹, Thompson D¹, McGarry L¹, Sander S², Shah H²¹i3 Innovus, Medford, MA, USA, ²Boehringer Ingelheim

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OBJECTIVES: Benign prostatic hyperplasia (BPH) is a highly prevalent condition, affecting more than 50% of men aged >60 years. Alpha1-adrenergic blockers (ABs) tamsulosin, alfuzosin, doxazosin, and terazosin are commonly used pharmacologic treatments for benign prostatic hyperplasia (BPH). However, there are limited data on intra-class comparisons of ABs with respect to treatment failure, particularly in the U.S. This study aimed to assess the rate of treatment failure with tamsulosin versus other ABs among patients with BPH in a U.S. setting. **METHODS:** A retrospective database analysis was performed using health care claims for patients with an ICD-9 diagnosis for BPH between 1Q2000 and 3Q2005. Only patients, aged >35 years, newly initiated with AB therapy were included; those with a history of prostate or urogenital disease were excluded. Treatment failure was defined as switching to another AB therapy or undergoing BPH-related surgery. Time-to-treatment failure was assessed using Kaplan-Meier survival analyses; Cox proportional hazard regression models were used to control for differences in baseline characteristics. Alfuzosin, introduced in 2004, was eval-

uated in an exploratory analysis with a shorter, 15-month follow-up period. **RESULTS:** At baseline, patients receiving tamsulosin (n = 10,340) were younger and more likely to see urologists than those receiving doxazosin (n = 3088) or terazosin (n = 2710) (p < 0.050 for all). Rates of treatment failure were lower for patients receiving tamsulosin compared to those receiving doxazosin and terazosin in the Kaplan-Meier analysis (p < 0.001 for both); multivariate Cox regression models confirmed these findings versus doxazosin (HR = 1.8, p < 0.001) and terazosin (HR = 2.1, p < 0.001). Compared to tamsulosin, patients receiving alfuzosin (n = 608) were also at greater risk of treatment failure (HR = 2.6, p < 0.001). **CONCLUSION:** Among the study population, initial treatment with tamsulosin resulted in reduced rate of treatment failure compared to doxazosin and terazosin. Definitive conclusions for alfuzosin require studies with longer follow-up periods.

PUK2**OUTCOMES AND COSTS ASSOCIATED WITH IMMUNOSUPPRESSION COMPLIANCE**Takemoto SK¹, Pinsky B¹, Woodward RS²¹Saint Louis University, Saint Louis, MO, USA, ²University of New

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OBJECTIVES: Estimates from transplant centers and clinical trials indicate approximately 30% of kidney transplant recipients are poorly compliant to their immunosuppressive (IS) regimen. This behavior may be the underlying cause of a large fraction of late acute rejection episodes and graft loss. Here we examine the survival and economic outcomes associated with varying degrees of compliance. **METHODS:** Compliance was defined as a medication possession ratio (MPR: % days with medication in a year according to pharmacy claim records submitted to Medicare) for 12,185 kidney recipients with at least 1 year of function, transplanted from 1998–2002 with data provided by the United States Renal Data System. Patient cohorts were defined by MPR quartiles (lowest <72%, median = 89%, highest >96%). Reported costs are average accumulated Medicare payments for IS, inpatient and outpatient medical care after the transplant procedure. **RESULTS:** As expected, first-year IS costs were lowest for the low quartile (\$5.0 K vs. \$9.4–12.4 K for the higher quartiles). 3-year graft survival, conditional on 1-year function was 89, 89, 91 and 93% with increasing MPR for the 4 quartiles (P by log rank <0.001). 20% (n = 1636) of patients remained in the two lower quartiles and 7% (n = 532) in the highest quartile for all three years of the study. Cost curves indicate that although 3-year IS costs were \$16.1 K higher for patients persisting in the high quartile (\$32.0 vs \$15.8 k), medical costs were \$27.2 K less than the lower MPR cohort patients (\$31.8 vs 58.9 K). Logistic regression propensity analysis comparing the two cohorts indicate patients under age 25 (relative risk = 1.60, 95% confidence interval 1.01–2.52, P = 0.05), and African Americans (1.74, 1.36–2.22, P < 0.001) were more likely in the low MPR cohort. **CONCLUSION:** Examination of Medicare claims indicates patients with persistent high IS compliance, incurred 15% lower overall 3-year costs (\$11.1 K) compared to those persistently low. These results indicate excellent immunosuppression compliance should be encouraged.

PUK3**RISK FACTORS ASSOCIATED WITH MEDICATION NONADHERENCE AMONG RENAL TRANSPLANT RECIPIENTS**Kwong WJ¹, Chisholm MA², Spivey CA²¹University of Georgia, Athens, GA, USA, ²University of Georgia, Augusta, GA, USA